D. INPATIENT HOSPITAL STAYS

D1.   Between (REFERENCE DATE) and (END DATE), was (SP) admitted to or temporarily residing in a hospital or inpatient hospital unit? [We are interested in all admissions, whether (SP) was admitted and discharged the same day or remained overnight or longer. If (SP) was in the hospital on (REFERENCE DATE), please include that stay here.]

FINSTAYS   YES 1 (D2)
                      NO .... 2 (GO TO SECTION E)
                      DON'T KNOW .... -8 (GO TO SECTION E)

D2.   How many times was (SP) admitted to hospital?

FSTAYSNO   _____
                                    # TIMES

(ASK D3 - D11 FOR EACH HOSPITAL STAY AS APPLICABLE.   IF MORE THAN 3 STAYS USE SUPPLEMENTAL GRID.)

	HOSPITAL STAY #1
D3. On what date was (SP) admitted to the hospital the (first/next) time? 　　　　**FINPAMM**　　**FINPADD**　　**FINPAYY**	DATE ADMITTED _____/_____/_____
D4. On what date was (SP) discharged from the hospital (that time)? 　　　　**FINPDMM**　　**FINPDDD**　　**FINPDYY**	DATE DISCHARGED _____/_____/_____　***BOX D1*** STILL IN 1 (D6)

BOX D1	REVIEW D3 AND D4. IF MONTH OR DAY IS DK IN D3 OR D4, GO TO D5. OTHERWISE, GO TO D6.

D5. How many nights was (SP) in the hospital?　　**FINPNITE**	_____ NIGHTS
D6. Is this hospital a facility of the Veterans Administration? 　　　　　　　　　　　　　　　　**FINPVA**	YES .... 1 NO 2
D7. What was the main reason (SP) entered the hospital? 　　　　　　　　　　　　　　**FINPREAS** 　　　　　　　　　　　　　　**FINPREOS**	MEDICAL TREATMENT 　OF CONDITION .... 1 (D8) OPERATION OR SURGICAL 　PROCEDURE .... 2 (D10) SPECIAL DIAGNOSTIC TESTS .... 3(D8) OTHER (SPECIFY) _____ 91 (D8)
D8. What was the condition?　　　　**FINPCON1** PROBE: Any other condition? 　　　　　　　　　　　　　　**FINPCON2** 　　　　　　　　　　　　　　**FINPCON3**	CONDITION 1: _____ _____ CONDITION 2: _____ _____ CONDITION 3: _____ _____
D9. Were any operations or surgical procedures performed on (SP) during that stay? 　　　　　　　　　　　　　　**FINPSURG**	YES .... 1 (D10) NO .... 2 (D11) DON'T KNOW .... -8 (D11)
D10. What was the name of the operation or surgical procedure? PROBE: Any other operation or surgical procedure? ENTER NAME(S) OF OPERATION OR SURGICAL PROCEDURE. IF NOT KNOWN, DESCRIBE WHAT WAS DONE.　　　　　　　　　　　**FINPSUR1** 　　　　　　　　　　　　　　**FINPSUR2** 　　　　　　　　　　　　　　**FINPSUR3**	CONDITION 1: _____ _____ CONDITION 2: _____ _____ CONDITION 3: _____ _____
D11. What is the name and address of that hospital? (GO TO NEXT HOSPITAL STAY. IF LAST HOSPITAL STAY, GO TO SECTION E.)	_____**FINPNAM**_____ NAME _____**FINPADDR**_____ _____ ADDRESS **FINPCITY**　　　　**FINPST**　　　　**FINPZIP** CITY　　　　　STATE　　　　　ZIP

HOSPITAL STAY #2	HOSPITAL STAY #3
DATE ADMITTED	DATE ADMITTED
_____/_____/_____	_____/_____/_____
DATE DISCHARGED	DATE DISCHARGED
_____/_____/_____ **BOX D1** STILL IN 1 (D6)	_____/_____/_____ **BOX D1** STILL IN 1 (D6)

_____ NIGHTS	_____ NIGHTS
YES .... 1 NO 2	YES .... 1 NO 2

TREATMENT OF MEDICAL
  CONDITION 1 (D8)
OPERATION OR
 SURGICAL PROCEDURE 2 (D10)
SPECIAL DIAGNOSTIC TESTS 3 (D8)
Other (SPECIFY) _____ 91 (D8)
	TREATMENT OF MEDICAL
	  CONDITION 1 (D8)
	OPERATION OR
	 SURGICAL PROCEDURE 2 (D10)
	SPECIAL DIAGNOSTIC TESTS 3 (D8)
	OTHER (SPECIFY) _____ 91 (D8)

CONDITION 1:_____
  _____
CONDITION 2:_____
  _____
CONDITION 3:_____
  _____
	CONDITION 1: _____
	  _____
	CONDITION 2: _____
	  _____
	CONDITION 3: _____
	  _____

YES .... 1 (D10) NO .... 2 (D11) DON'T KNOW .... -8 (D11)	YES .... 1 (D10) NO .... 2 (D11) DON'T KNOW .... -8 (D11)

OPERATION 1: _____
  _____
OPERATION 2: _____
  _____
OPERATION 3: _____
  _____
	OPERATION 1: _____
	  _____
	OPERATION 2: _____
	  _____
	OPERATION 3:_____
	  _____

_____ NAME _____ _____ ADDRESS _____ CITY STATE ZIP	_____ NAME _____ _____ ADDRESS _____ CITY STATE ZIP